

SI.No.

DURGAPUR SOCIETY FOR SAFETY AND PROFESSIONAL EDUCATION

Name:.....

Address:.....

Course: **ADVANCED DIPLOMA IN INDUSTRIAL SAFETY**

Date:.....

Signature of the Authority

Office Copy

SI. No.

ADMISSION FORM**ADVANCED DIPLOMA IN INDUSTRIAL SAFETY**

(COURSE RECOGNISED BY W.B. STATE COUNCIL OF TECHNICAL EDUCATION AND VOCATIONAL EDUCATION AND SKILL DEVELOPMENT)

Managed By:

DURGAPUR SOCIETY FOR SAFETY AND PROFESSIONAL EDUCATION

Regd. No.: S/95195 OF 1999-2000, W.B. ACT, XXVI OF 1961

1. Full Name :.....
 (In Capital letter) First name Middle Name Surname

2. Father's Name :.....

3. Mother's Name :.....

4. Date of Birth :.....

4. Whether belonging to S.C./S.T./O.B.C./UR SEX: M/F

5. (i) Present Address :.....

.....Pin Code:.....

(ii) Permanent Address :.....

.....Pin Code:.....

CONTACT DETAILS

Email Id

6. Academic and professional Qualifications (Starting with SF/ Higher Secondary)

EXAMINATION passed	MAIN SUBJECTS/ STREAM	YEAR	BOARD /COUNCIL UNIVERSITY	MARKS OBTAINED	% of marks
Madhyamik(10 th)					
Higher Secondary(12 th)					
Diploma/B.Sc					
BE/B.Tech/AMIE					

7. WORKING EXPERIENCE**Present Employment**

Organisation's Name:	Designation	Department	Period of Service

8. Whether Sponsored by the Company ? If so Mention Details :

Name of the Organisation & Address.....

..... Tel.....

9. Any other relevant Information:

Signature of Employer deputing the Candidate for the Course

Signature of Applicant

Date...

Office Seal

Date:.....